MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
101589,511	8·15·06

APPLICANT(S)

9-6-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51				−		
2		1		1 −			52				−		
3		1		1 −			53				−		
4		1		1 −			54				−		
5		1		1 −			55				−		
6		1		−			56						
7			e	1 −			57						
8			e	1 −			58						
9		1		−			59						
10		1		1 −			60						
11		1		1 −			61						
12		1		1 −			62						
13	1		1				63						
14		1		1 −			64						
15		1		1 −			65						
16		1		−			66						
17		1		1 −			67						
18		1	e	−			68						
19		1	e				69						
20		1		1 −			70						
21		1		1 −			71						
22		1	e				72						
23		1		1 −			73						
24		1		1 −			74						
25		1		1 −			75						
26	1		1				76						
27	1		1				77						
28	1		1				78						
29							79						
30	1		e				80						
31							81						
32							82						
33							83						
34			e				84						
35		1		1 −			85						
36		1	e				86						
37		1	e				87						
38	1		1				88						
39		1		1 −			89						
40		1		1 −			90						
41		1		1 −			91						
42		1		1 −			92						
43	1		1				93						
44	1		1				94						
45	1		1				95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	11	↓		↓		↓	TOTAL IND.		↓	15	↓		↓
TOTAL DEP.	34	←		←		←	TOTAL DEP.		←	28	←		←
TOTAL CLAIMS	45						TOTAL CLAIMS			43			

Barbara Campbell, PCT National Stage